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REQUEST FOR WITH AND LAS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

	P10/SB/83 (09-04						
Application Number	09/617,169						
Filing Date	07/17/00						
First Named Inventor	Pearson						
Art Unit	2654						
Examiner Name	Lamont Spooner						
Attomey Docket Number	022207-010300US						

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450												
Please	Please withdraw me as attorney or agent for the above Identified patent application, and											
all the attorneys/agents of record												
all the attorneys/agents (with registration numbers) listed on the attached paper(s), or												
⊠ a	all the attorneys/agents associated with Customer Number 20350											
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.												
The reasons for this request are: Client requests transfer of matter to firm listed below.												
CORRESPONDENCE ADDRESS												
The correspondence address is NOT affected by this withdrawal.												
_												
The address associated with Customer Number:												
OR												
Firm o	rm <i>or</i> dividual Name Melvin Chan, Esq.											
Address	Aka Chan LLP 900 Lafayette Street, Suite 710											
City		Santa Clara	State CA Zip						Zip	95050		
Country		USA										
Telephone	ne (408) 701-0035						Fax (408) 608-1599					
Signature S.B. Kohwal												
Name	Sujit B. Kotv	lwal				Registration No. 4			43,336	13,336		
Date	95	-10-2005				Tele	Telephone No. (650) 326-2400					
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration												